U.S. DEPT OF COMMERCE, NOAA NMFS IFQ Program, F/SER29 263 13th Avenue South St. Petersburg, FL 33701-5511 Toll Free 866-425-7627 (8 a.m. - 4:30 p.m. ET) 727-824-5305 (8 a.m. - 4:30 p.m. ET) https://portal.southeast.fisheries.noaa.gov/cs/



NOAA FISHERIES SERVICE FEDERAL APPLICATION FOR GULF OF MEXICO INDIVIDUAL FISHING QUOTA (IFQ) ONLINE ACCOUNT

FOR OFFICE USE ONLY
Reviewer's Initials and Date
Sanction Case Number if Sanctioned and date held
Date Sanction Released and Initials
Application ID

APPLICATION INSTRUCTIONS

- 1. Current IFQ participants need to complete this application to certify they are or are NOT a United States citizen or a permanent resident alien.
- 2. As of January 1, 2012, all United States citizens and permanent resident aliens are eligible for participation in the Gulf red snapper IFQ program. This application is to establish an IFQ account for new participants and update account information for existing participants. However, a valid commercial permit for Gulf reef fish, a Gulf red snapper IFQ vessel account, and Gulf red snapper IFQ allocation are required to possess (at and after the time of the advance notice of landing), land or sell Gulf red snapper subject to this IFQ program.
- 3. Follow the instructions at the top of each section. Make sure all the information is correct then sign and date the application below. The IFQ applicant signing the application must be an account holder listed in section 1 and a United States citizen or permanent resident alien.
- 4. Mail your completed application to: U.S. Department of Commerce, NOAA, National Marine Fisheries Service F/SER29, 263 13th Avenue South, St. Petersburg, FL 33701-5505.

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with an information collection subject to the requirements of the Paperwork Reduction Act of 1995 unless the information collection has a currently valid OMB Control Number. The approved OMB Control Number for this information collection is 0648-0551. Without this approval, we could not conduct this information collection. Public reporting for this information collection is estimated to be approximately 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information collection. All responses to this information collection are mandatory. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to the PRA Officer, National Marine Fisheries Service, F/SER2, 263 13th Avenue South, St. Petersburg, FL 33701-5505.

The National Marine Fisheries Service requires this information for the conservation and management of marine fishery resources. The data reported will be used to develop, implement, and monitor fishery management activities for a variety of uses. Responses to this collection are required to obtain or retain an IFQ online account under the Magnuson-Stevens Act. Non-confidential information will be released via a NOAA Fisheries Service website. Non-confidential information means: name, address, city, state, zip code, etc. All other data submitted will be handled as confidential material in accordance with NOAA Administrative Order 216-100, Protection of Confidential Fishery Statistics.

SIGNATURE OF APPLICATION

The undersigned certifies under penalty of perjury that the foregoing information is true and correct (28 USC 1746; 18 USC 1621; 18 USC 1001, 16 USC 1857). Knowingly supplying false information for the purpose of obtaining an IFQ Online Account is a violation of Federal law punishable by a fine and/or imprisonment. Please note: The individual signing below MUST be either the IFQ account holder OR must be one of the officers or shareholders that is a United States citizen or permanent resident alien listed in section 2 of this application.

Applicant Signature	Position in Compa	y (if applicable)		
Print Name	Date	UserID		
		(if applicable)		

1. I	FO	ONLINE	ACCOUNT	HOLDER	INFORMATION
------	----	--------	---------	--------	-------------

- 1) Check the appropriate box below if the applicant is a new or existing IFQ online account holder. Provide the USER ID for an existing account holder.
- 2) Complete this page for all IFQ online account holders. If the account holder is a business, enter the Federal ID number and date the business filed with the state. If the account holder is an individual, enter their Social Security Number and date of birth.
- 3) Check the appropriate box below to certify that the applicant IS or IS NOT a United States citizen or permanent resident alien.
- 4) If the IFQ account is held by a business, please also complete Section 2 on page 4.

Check the appropriate box below: NEW IFQ online account holder Existing IFQ online account hold E-mail address:	er and pro	ovide the IFQ Online	account ho	lder's	UserID:		
IF	O ONLI	INE ACCOUNT	HOLDE	R IN	FORMATIO)N	
Check one: Individual/Sole Proprietor Certify Citizenship Status: The applicant IS a United States cit The applicant IS NOT a United States	ship tizen or pe	Joint Ownership	Partn	nership			
Prefix Last Name or Business Name			First Name			Middle Name	Suffix
If you are operating under a different name,			•				
what is your Doing Business As (DBA) name? Mailing Address	Apt/Suite	City		State	County/Parish	Zip Code	Country
Maning Address	Apusuite	City		State	County/Farish	Zip Code	Country
Physical Address							
	Apt/Suite	City		State	County/Parish	Zip Code	Country
Tax ID number (FED ID or SSN)	Date of Birt	h or Date Business Filed	(mm/dd/yyyy	7)	Area Code	Primary Phone Number	
ADDITIO	NAL IF	Q ONLINE ACC	COUNT	HOL			ell 🗌
Check one: Individual/Sole Proprietor Certify Citizenship Status: ☐ The applicant IS a United States cit ☐ The applicant IS NOT a United States	tizen or pe		n.	nership	☐ Corpora	tion Other	
Prefix Last Name or Business Name			First N	ame	M	iddle Name	Suffix
If you are operating under a different name, what is your Doing Business As (DBA) name?							
Mailing Address Apt	Suite City	7	Sta	te	County/Parish	Zip Code	Country
Physical Address	/G */ G*/		G.	,	G	<i>T</i> : C 1	G
Check if same as mailing address Apt.	/Suite City	7	Sta	te	County/Parish	Zip Code	Country
Tax ID number (FED ID or SSN) Date	e of Birth or	Date Business Filed (mn	ı/dd/yyvv)		Area Code	e Primary Phone Num	lber
						ect one: Home Work	

ADDITIONAL IF	ONLINE	A	CCOUNT	HOLDER	INFORMATION
---------------	--------	---	--------	--------	-------------

1) Only complete this page for all addition business filed with the state. If the acco							ID number and da	ate the
2) Check the appropriate box below to cert	ify that the ap	plicant IS or IS NOT a	United Sta	ites citiz	en or permanent	resident ali	en.	
IFQ online account holder's User							N.	
		ONLINE ACC						
Check one: Individual/Sole Proprietor Certify Citizenship Status: The applicant IS a United States ci The applicant IS NOT a United St	tizen or pern			ership [Corpora	tion 🗌	Other	
Prefix Last Name or Business Name			First Name			Middle Nar	ne	Suffix
If you are operating under a different name, what is your Doing Business As (DBA) name?								
Mailing Address	Apt/Suite	City		State	County/Parish		Zip Code	Country
Physical Address Check if same as mailing address	Ant/Quito	City		State	County/Parish		Zin Codo	Country
Check it same as mailing address	Apt/Suite	City		State	County/Farish		Zip Code	Country
Tax ID number (FED ID or SSN)	Date of Birth (or Date Business Filed (r	nm/dd/vyvy)	Area Code	Primary Ph	one Number	
Tax ID Humber (I ED ID of 551)	Dute of Birth	Date Business Filed (1	iiii/uu/yyyy	,	Thea code		ione rumber	
ADDITIO	NAL IFQ	ONLINE ACC	OUNT I	HOLD		_	vork	
Check one: Individual/Sole Proprietor Certify Citizenship Status: ☐ The applicant IS a United States ci ☐ The applicant IS NOT a United States	tizen or pern			ership [☐ Corpora	tion 🗌	Other	
Prefix Last Name or Business Name			First Name			Middle Nar	ne	Suffix
If you are operating under a different name, what is your Doing Business As (DBA) name?								
Mailing Address	Apt/Suite	City		State	County/Parish		Zip Code	Country
Physical Address								
Check if same as mailing address	Apt/Suite	City		State	County/Parish		Zip Code	Country
For ID work or (EED ID GON)	Data of B' 4	D-4- D-4- D-4- E9- 17	/43/	\	Amar Ca I	Dadama Pi	N1	
Tax ID number (FED ID or SSN)	Date of Birth (or Date Business Filed (r	иш/аа/уууу)	Area Code	rımary Ph	one Number	
					Select one: Hot	me D V	Vork Cell C	1

2. OFFICER/SHAREHOLDER INFORMATION FOR CORPORATION/BUSINESS/LLC THAT HOLD THE IFQ ONLINE ACCOUNT

1) If this IFQ online account is held by a business, then complete this section for EACH officer or partner associated with the business.

Provide the information for all officers or partners that are shown on your most recent annual report. If your business is structured as a corporation, identify all shareholders in the corporation that own at least 1% or more of the shares, as well as the percentage of all shares in the corporation held by each shareholder. Individuals holding less than 1% of the shares (minor shareholders) should not be individually listed. Total shareholders must equal 100%. For all provide position held in business, name, address, social security number, date of birth, and telephone number.

2) Check the appropriate box below to certify that the applicant is or is NOT a United States citizen or permanent resident alien.

Business name Federal Tax ID number								
	Of	ficer or Shareh	older Inf	orma	tion			
Check all that apply: President/CEO	Vice Preside	ent Secretary	Treasur	er 🗌	Director/Manag	ger 🗌 (Other	
Shareholder	Percent (%)	of corporation held	l :					
Certify Citizenship Status: The applicant IS a United States citiz The applicant IS NOT a United States	-							
Prefix Last Name			First Name	e		Middle Na	me	Suffix
Mailing Address	Apt/Suite	City		State	County/Parish		Zip Code	Country
Physical Address	A4/C*4	C:4		64-4-	Commenter / Dominio		7: C- 1-	C
Check if same as mailing address	Apt/Suite	City		State	County/Parish		Zip Code	Country
SSN	Date of Birth	(mm/dd/yyyy)			Area Code	Primary Pl	hone Number	
55.1	Date of Birth	(IIIII/dd/yyyy)			Trea coue		ione i vamber	
					Select one: Ho	l ome □ V	Work Cel	1 🗆
	Additio	onal Officer or	Sharehol	der Ir	nformation			
Check all that apply: President/CEO	Vice Presid	lent Secretary	Treasi	urer 🗌	Director/Mana	ager 🗌	Other	
Shareholder	_	6) of corporation hel				_		
Certify Citizenship Status: The applicant IS a United States citing The applicant IS NOT a United States.	izen or permane	ent resident alien.						
Prefix Last Name	•		First Name	e		Middle Na	me	Suffix
Mailing Address	Apt/Suite	City		State	County/Parish		Zip Code	Country
Physical Address	l	1		1			· L	I.
Check if same as mailing address	Apt/Suite	City		State	County/Parish		Zip Code	Country
SSN	Date of Birth	(mm/dd/yyyy)			Area Code	Primary Pl	hone Number	
						<u> </u>		. 🗖
MINOR SHAREHOLDERS - Cl corporation/business/LLC. For ex individually only holds 0.66% of t TOTAL PERCENTAGE (%) of	ample, there migl he shares.	ht be three shareholders	whose total sh	ares adde	hold shares that total and together is 2% of	less than 1% the total sha	of the total shares but each share	eholder
corporation/business/LLC.	corporation/busir	iess/lle lield by minor	snarenoider(s)	uiai IIIQI	ividually floids less	uiaii 1 % OI U	ie totai shares 01	uic

ADDITIONAL OFFICER/SHAREHOLDER INFORMATION FOR CORPORATION/BUSINESS/LLC THAT HOLD THE IFQ ONLINE ACCOUNT

1) If this IFQ online account is held by Provide the information for all officers identify all shareholders in the corpora by each shareholder. Individuals holdi equal 100%. For all provide position 2) Check the appropriate box below to cere	or partners the tion that own ing less than held in busin	hat are shown on your at least 1% or more of 1% of the shares (mino ess, name, address, soc	most recent a the shares, a r shareholder tial security r	annual 1 is well a rs) shou number,	report. If your buas the percentage ald not be individed at the date of birth, and	isiness is st of all share ually listed d telephone	ructured as a cest in the corporate of t	corporation, oration held			
	Additio	onal Officer or S	harehold	er In	formation						
Check all that apply: President/CEO Vice President Secretary Treasurer Director/Manager Other											
Shareholder	Percent (%	b) of corporation held	:								
Certify Citizenship Status: The applicant IS a United States citize The applicant IS NOT a United States											
refix Last Name			First Name			Middle Nar	me	Suffix			
Tailing Address	Apt/Suite	City	1	State	County/Parish		Zip Code	Country			
hysical Address											
Check if same as mailing address	Apt/Suite	City	;	State	County/Parish		Zip Code	Country			
ON .	D. t CD' d	(/11/			A C. I	D DI	N				
SN	Date of Birth	(mm/dd/yyyy)			Area Code	Primary Pr	none Number				
						me 🔲 V	Work □ Ce	ell 🗌			
	Additio	onal Officer or S	harehold	er In		ше 👝 🕠	, ork	л. П			
Check all that apply: President/CEO	Vice Presid	ent Secretary	Treasur	er 🗌	Director/Mana	ger 🗌	Other				
Shareholder Certify Citizenship Status: The applicant IS a United States citize The applicant IS NOT a United States	n or permane										
refix Last Name			First Name			Middle Naı	me	Suffix			
Iailing Address	Apt/Suite	City	;	State	County/Parish	l	Zip Code	Country			
hysical Address					l			<u> </u>			
Check if same as mailing address	Apt/Suite	City	:	State	County/Parish		Zip Code	Country			
SN	Date of Birth	(mm/dd/yyyy)			Area Code	Primary Ph	none Number				
					Select one: Ho	me 🗌 V	Vork 🗌 — Ce	ell 🗌			
MINOR SHAREHOLDERS - Chec corporation/business/LLC. For exam											
individually only holds 0.66% of the	shares.						on one				

TOTAL PERCENTAGE (%) of corporation/business/LLC held by minor shareholder(s) that individually holds less than 1% of the total shares of the

corporation/business/LLC.